

A RANDOMIZED CONTROLLED TRIAL Study OF AN AFRICAN AMERICAN
ADAPTATION OF THE MARTIAL FIRST RESPONDER CURRICULUM

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Abstract

Individuals that find themselves in long term committed relationship and marital adversity often turn to friends and family members in the hopes of wise counsel. This pattern has been found across gender and culture. Given this reality, there is a dearth of educational or training protocols available to these individuals who serve as confidants to their confiders. The goal of this study was to evaluate an educational intervention for individuals who self-identify as confidants for others in the African American community. Through the randomized control trial process, confidants were assigned to receive a one day workshop format training or a wait-list control group. The central focus of the intervention was designed to enhance knowledge, skills, and confidence when approached by an African American friend or family member for support about a problem in a marriage or long term committed relationship. At three month follow up, findings showed the intervention was associated with higher confidant skill, knowledge and number of confiding conversations. This program has potential to enhance community support for African American couple relationships.

TABLE OF CONTENTS

ABSTRACT	iii
1.INTRODUCTION	1
2 REVIEW OF LITERATURE	2
3. METHODOLOGY	10
4. RESULTS	18
5. DISCUSSION	19
6. LIMITATIONS	20
7. CONCLUSION	21
8. BIBLIOGRAPY	22
APPENDICIES	
A. DEMOGRAPHICS	27
B. ANOVA	28
C. SURVEY	29
D. INTERVENTION	35

A Randomized Controlled Trial Study of an African American Adaptation of the Marital First Responder Curriculum

When problems surface in marriages and long-term committed relationships, people often turn to their peers and other social support networks to confide about their problems (Lind Seal, Doherty & Harris, 2016; Oliner, 1989). Social networks, defined as a network of social interactions and webs of important relationships, supply a potential opportunity for supporting marriages and long-term committed relationships within the African American community. Research shows that these social networks are especially influential in marital relationships (Bryant & Conger, 1999). Marital confiding has been found to have a variety of positive and negative implications for couple relationships (Bradbury, Fincham, & Beach, 2000). However, little is known about relationship confiding patterns among African Americans.

The current study is a randomized controlled trial of a community-based educational intervention that seeks to augment the quality of confiding relationships within the African American community. Utilizing the original Marital First Responder (MFR) curriculum, the MFR-African American (AA) targets African American confidants and provides a culturally-specific intervention not previously available in the African American community. The goal of the intervention is to help participants become more knowledgeable, confident, and skillful confidants. Given that African Americans access mental health services at a lower rate than peers from other communities, Snowden (2012), it is important to develop community-based support for long-term committed relationships and marriages.

Background on Confiding about Marital Problems

Research studies conducted on White couples have found that confiding relationships can be protective factors for marriage. For example, Julien and Markman (1991) utilized a questionnaire and interview protocol to study 87 White couples in order to analyze spousal and social support on individual and marital adjustment. Their findings showed that when relationship problems are present in the marriage, both spouses turn toward their support networks for help.

Research on confiding also shows us that there are differences in how men and women create and maintain the social networks in which confiding around their marriages and LTCRs occurs. For instance, women have more dense and concentrated networks compared to men (Lin & Wescott, 1991). These more-dense networks may serve as a type of buffer for women in marriages and LTCRs (Wallen & Lachman, 2000). In addition to having denser networks, women also seek support and discuss their feelings about relationships with others more frequently than men do (Belle, 1987), and these confiding relationships have important implications for marriages (Bryant & Conger, 1999; Lewis, 1973; Milardo & Lewis, 1985).

In particular, researchers have also found that when women talk about their marital problems it tends to strengthen their marriages (Rubin, 1985; Helms, Crouter & McHale, 2003). Julien et al. (2000) evaluated a sample of 88 spouses (33 husbands and 55 wives, independent of each other) and their respective best friends. These researchers recorded interactions between these spouses and friends using 17 codes of both verbal and non-verbal cues to gauge supportive and interfering behaviors of best friends when spouses were confiding about marital concerns. Findings indicated that friends “were

helpful in assisting the spouses in rebuilding or maintaining a sense of good marriage in times of marital conflict” (p. 301).

Although confiding generally appears to strengthen relationships, Milardo’s (1982) model stresses that confiding can sometimes undermine relationships. Milardo’s Support and Interference model emphasizes that when support is positive it can bolster and help a marriage succeed, but that interference with a relationship “may lead to its deterioration” (p. 13). This interference may be particularly likely early in the relational development, when the influence of parents may have a strong effect. From a family systems perspective, confiding about marital problems could sometimes be associated with triangulation—the drawing of a third party into the anxiety of a couple conflict (Miller, Andersen, & Keala, 2004)—but the research does not specifically address this dynamic. Both support and interference may be particularly strong for African American marriages, given their propensity to be more dependent on extensive kin networks (Brown & Gary, 1985).

The current study builds on the research of Lind Seal et al. (2016) on confiding about problems in marriages and long-term committed relationships. Using a survey of a nationally representative sample of 1,000 U.S. adults, the authors found 73% reported that they had been a confidant for other people’s marriages or long-term committed relationships. The study also documented a wide range of relationship problems brought to confidants, from everyday complaints to serious issues like violence and divorce decisions, and the behaviors that confiders felt were most and least helpful. Being female and having more education were associated with greater likelihood of being a confidant.

In the only study of confidant/confider relationships within the African American community, Yeager (2015) laid the foundation for the current study. In this descriptive study, Yeager explored confiding patterns in a nationally representative sample of 300 African American adults who answered the same survey as Lind Seal et al's sample. Findings showed that 60% of African Americans reported having been a confidant, while 54 % reported having confided in someone about a relationship problem. This is consistent with research demonstrating the importance of social connections for African Americans (Brown & Gary, 1985; Sarkisian & Gerstel, 2004; Cherlin, 1996).

The current study is the second randomized control trial of Marital First Responders. In the seminal adaptation of the Marital First Responder curriculum, Zrenchik (2016) conducted a randomized controlled trial using the MFR-Q, a version adapted for the LGBT community. He found that the intervention led to increased knowledge and skill among confidants over a three-month follow-up, in comparison to a wait-list control group. Participants did not significantly increase in confidence or in the number of confiding interactions reported.

Background on African American Marriages

African American marriages exist in a broader national context that has seen the decline of marriage as a social institution, with lower marriage rates and higher divorce rates since the 1960s (Cherlin, 2013). This decline has been even more marked among African Americans. Fewer than half of all African American adult men (32%) and women (26%) are married (U.S. Census Bureau, 2014). African Americans in turn are more likely to live in poverty than their White counterparts (Dixon, 2009) in part because of lower rates of two-parent families combined with lower educational levels and higher

unemployment. In fact, African Americans are less likely to be married than any other racial or ethnic group in the U.S. (Bryant, Wickrama, Bolland, Bryant, Cutrona & Stanik, 2010)

The backdrop for this study was previous research showing lower levels of engagement relative to other communities. Seminal studies viewing this phenomenon have concluded that African Americans may be uniquely supported by community, friend and family based mechanisms. Researchers have noted that African Americans as a group tend to use mental health services inconsistently, in part due to general attitudes about seeking mental health services (Diala et al. 2001; Sanders Thompson et al. 2004). Mental illness in the African American community tends to carry a stigma that may impede engagement in treatment due to a fear of being ostracized and not being accepted (Cooper-Patrick et al. 1999). Additionally, researchers have noted that cultural beliefs may delay engagement in mental health services when there is a need due to a prevalent belief that problems need to be resolved within the family and kinship network. The MFR-AA is a response to the challenges raised in this body of research. The tool's collectivistic premise and community-based format offers an opportunity to support romantic relationships within the African American community.

African Americans' couple relationships face a number of unique challenges that must be viewed in the context of an oppressive social and historical context (Pinderhughes, 2002). Stressors include financial strain and employment status, work and occupational status, obligations to extended family network, and racial discrimination/minority status (Bryant et al., 2010). Not only do African American

couples have higher divorce rates than their White counterparts (Fu & Wolfinger, 2011; Taylor, et al, 2011; Bulanda & Brown, 2007), they have lower average levels of marital satisfaction (Sweeny & Phillips, 2004; Bulanda & Brown, 2007). Gender roles are one area of explanation among scholars for these findings of lower marital satisfaction.

African American husbands' interest in traditional gender roles appears to be a point of contention with their wives, because of the husbands' perceived relative inability to fulfill the provider role compared to White husbands (Marks & McHale, 2009). Male provider challenges can be attributed to a number of factors such as incarceration and high unemployment rates (Stanik & Bryant, 2012). For their part, Black married women are more likely than White women to have had a premarital childbirth, a situation associated with higher levels of marital discord and dissolution (Sweeny & Phillips, 2003).

Much of the existing literature on African American marriage reflects a deficit-based model, focusing on what is wrong with Black marriages relative to the larger population (Phillips et al., 2012). Research that acknowledges strengths has focused on the importance of kin and fictive kin ties to African American marriage. Cherlin (1996), for example, observed the importance of network kin connection to Black marriages, finding that these connections were even more important to Black couples than to White couples. A larger body of research has found uniquely strong feelings of obligation towards kin (Sarkasian & Gerstal, 2004; Taylor et al., 2013). These extended networks engage in extensive exchanges of both practical and emotional support (Sarkisian & Gerstel, 2004). On the other hand, although African Americans seek the support of extended kin networks at a higher rate than do Whites, research indicates that this support is not always positive. These networks can also be stressful, demanding, and detrimental

to marriages (Taylor et al., 2011). This demanding and stressful aspect can present in a number of ways such as financial burdens, invisible loyalties among parents and children and friend relationships, relative to romantic relationships and demands of families on the relationship choices of their members.

This study is a randomized controlled trial of a community-based educational intervention that seeks to augment the quality of confiding relationships within the African American community. The MFR-AA offers a culturally specific education to help natural confidants in the community become more knowledgeable, confident, and skillful in helping people in their social networks who confide about problems in their marriages or long term committed relationships.

Research Strategy

Theoretical Background

Two conceptual models are relevant to the topic of African American confidant and confider patterns and undergird the current study: Bronfenbrenner's theory of human ecology (1977) and Bell's Critical Race Theory (Bell, 1995). Human ecology theory proposes that in order to understand human development, one must consider the ecological system in which growth occurs. This broad ecological stance appears to fit the multiple aspects of African American confidant and confider relationships. Confiding relationships exist within multiple ecologies. This study focuses on interaction first within the microsystem involving confiders and confidants. Of additional interest is the larger social network, defined in part, ecologically, as the exo-system, from which potential confidants are drawn.

The theoretical backdrop of Critical Race Theory (Bell, 1995) is utilized to shed light on how the macro system of socialized oppression leads to the unique vulnerabilities of African American marriages and suggests the importance of learning about support systems within the African American community. Critical Race Theory also emphasizes the importance of storytelling to claim the sovereignty of one's own experiences. Confiding about struggles in Black marriage and long term committed relationships can be viewed as a form of storytelling within the context of trusting relationships in a challenging social environment where naturally occurring units of solution may be uncovered.

Critical race theory considers the multiple ecologies in which African Americans exist, from history, economics, group self-interest, conscious and unconscious feelings and, central to this study, the impact and influence that race, racism and power have on African American marriage and long-term committed relationships and families. Key to the undergirding of a CRT orientation is the concept of an activist dimension. The continued racialization of African Americans has negatively impacted the social script from which African American couples and families have historically read. An activist dimension of the current study is its ultimate goal of providing a foundation for the development and utilization of Marital First Responder protocol specifically designed for African Americans. Given the unique consequences in which the African American has developed, specifically relative to romantic relationships, a theoretical lens such as CRT is needed to frame the current study.

Study Summary

The overall objective of this study is to evaluate an adaptation of the Marital First Responder (MFR) training project for the African American community. MFR is a community-engaged educational program developed to support and guide people who are natural confidants to people in marriages or long-term committed relationships. MFR aims to help participants become more helpful when others open up to them about problems in couple relationships. The rationale for this project is that confidants influence committed relationships, and that the impact of confiding interactions may play a role in couple relationship satisfaction, distress, and outcomes. Furthermore, from theory and prior research, there is reason to suggest that confiding experiences in the African American community have distinct differences that warrant further development beyond the generic version of MFR. When considering how to utilize natural confidants to support long-term committed relationships or marriages, it is important to honor the integral cultural differences (as well as the many commonalities) of this unique community. In terms of the potential interest of the African American community in MFR, it is also important to have a community-specific, validated intervention model. The objective of this study was to contribute to the development of that model. My central hypothesis is that a community-specific, “Black” adaptation of the MFR (MFR-AA) training program would be effective in providing African American confidants the skills to be confident, knowledgeable, and skilled when interacting with people who confide in them about committed relationships. The research design was a randomized controlled trial with a treatment group and a wait list control group.

Study Goals

This study assessed the impact of an education intervention (MFR-AA) for individuals who serve as confidants within the African American community and the problems occurring within romantic couple relationships. The main hypothesis was that the MFR-AA would have a positive effect on the knowledge, skills, and confidence of participants.

The study also examined whether participants increased in number of confiding interactions. Although the program is expected to increase these interactions over time, there is no hypothesis for the frequency of confiding interactions because it is not clear that such changes would occur during the brief (three-month) follow up period after the training. Zrenchik (2016) did not find an effect for this variable over a three-month period.

Method

Participants

Participants were adults (age 18 and over) who self-identified as African American and considered themselves confidants to others about couple relationship problems.

Procedures

Participant recruitment. Participants were recruited via social media, flyers, and direct recruitment through interested organizations and the researcher's network in the African American community. All participants that completed both the pre-test and post-test were compensated via Target cards in the amount of \$15. These compensations

were given after the initial pre-test was completed and again once the post-test was completed. Interested participants were directed to a website which explained in more detail the purpose of the project, as well as provided all necessary information for informed consent. The lead investigator then called the prospective participants to provide further information, answer questions, and inform them that they would receive in their email a consent form and a pre-assessment survey that must be completed before the intervention.

To determine sample size, a power analysis was conducted. The estimated effect size was based on effect sizes reported Zrenchik (2016). The lowest effect size among the three outcomes variables in that study was .67. Using this effect size estimate, a power of .80, and an alpha of .05, and allowing for failure of some participants to attend the workshop, and the possibility of missing data at follow-up, the minimum recruitment sample was set at 50 participants, half in the intervention group and half in the control group. The actual number recruited was 58.

Group assignment. After completing the pre-assessment, participants were randomly assigned, via a random integer generator, to two groups: an immediate intervention group, or a wait-list control group that was offered the workshop three months after the intervention. The randomization was stratified so that the two groups had equal numbers of men and women. Both the intervention group and the control group had N's of 29 participants.

The intervention. MFR was established to provide knowledge and support to community members who seek to provide marriage-affirming peer support. This educational protocol is conducted during one full-day (7 hour session). Seven skills are

taught under the acronyms of LEAP and CAR. LEAP stands for the four basic skills of Listening, Empathy, Affirming and offering Perspective. CAR represents the advanced skills of Challenging, Affirming and offering Resources. The MFR was inspired by the internationally successful Mental Health First Responder project from Australia (Kitchener & Jorm, 2002; 2004). The MFR assists participants to become more knowledgeable, confident, and skilled confidants.

The MFR-AA includes additional knowledge about African American relationships as well as the layered findings of a previous study of confiding among African Americans (Yeager, 2015). In addition to the instructional material that MFR offers to confidants, MFR-AA adds additional nuanced material and support specific to African American confidants who support African American romantic relationships. For example, when one offers their perspective to a confider in the original MFR protocol, containing oneself from demonstrative feedback is important. From an African American perspective, demonstrative behavior can best be described as the open expression of emotion and/or attitudes. This demonstrative exhibition of feedback, in the context of AA confiding relationships, is a nuanced cultural difference. African American confidants can often times manage these demonstrative behaviors in a positive fashion. This expression is critical to the potential success of the African American confidant, because in the African American culture demonstrative feedback may present as a normative process, relative to dominate culture presentations. Support for this difference in emotionally based, demonstrative feedback is buoyed by the meta-analysis research conducted by (Efenbein & Ambady, 2002). Their research findings suggest that emotions may be more accurately understood when individuals are judged by members of the same ethnic, or cultural group

that had expressed the emotion. This in-group advantage indicates that culture can have an important role in shaping our emotional communication. Additionally, when utilizing the skill of offering resources within the MFR-AA process, African American confidants are guided to consider therapeutic and counseling support that is specifically African American friendly. The curriculum was taught in a style appropriate to African American participants; for example, a call and response style of presenting the educational intervention was utilized. This call and response format allowed for a culturally responsive engagement of the MFR-AA protocol. The black church provides a cultural blueprint for civic life in the neighborhood. This church culture leads the way as a strategy of action that may be transferred into civic action (Patillo-McCoy, 1998). Thus lending support to the use of a more call and response based adaptation to the MFR-AA adaptation.

The intervention provided numerous opportunities for participants to practice and hone their confiding skills. At times, this experiential learning occurred in small groups with other participants where each participant acted as both a confidant and confider. The instructor also worked with the whole group to demonstrate skills and address challenges that came up in the dyadic skills practice. The MFR-AA exclusively used African American couple relationship examples and prompts for discussion and skills practice.

Measures

Knowledge. Participant knowledge of confiding about relationships was assessed using two subscales. The first 18-item subscale, which includes true/false and multiple-

choice formats, taps knowledge about helpful and harmful couple interaction behavior, and normal problems versus serious problems. This scale is adapted from the original MFR Knowledge scale used by Zrenchik (2016), which was composed of 16 items. Three items were added for this study, given this subscale a range from 0 to 19. Items added were: “*Extended family influence on the romantic relationships of family members is especially strong in the African American community.*” Additionally, the following true-false item was added, “*African American divorce rates are similar to that of other communities*” and “*Mistrust between men and women in romantic relationships is an issue equally present in all racial groups.*”

The second knowledge subscale utilized vignettes of confiding relationships through which participants discern the best responses by a confidant in each situation. Participants were presented with two vignettes. Each vignette moved participants through a confiding conversation, and presented to them three items each to respond to, for a total of six items. One vignette asks participants, after discussing with a confidant her frustration with her partner’s defensive behavior, to indicate the “best first response” among four potential responses: *I can understand why you are so frustrated that he doesn’t do nearly his share; His hiring out the lawn mowing really got to you, didn’t it? A lot of couples face this kind of problem. My spouse and I certainly do; I’m sorry you’re feeling so frustrated about this right now. It can’t be easy.* The final option is the correct answer. Each item from this scale will either be scored as 0 (wrong answer) or 1 (correct answer), for a total score range of 0 to 6.

Scores for the first and second knowledge subscales were added to form a total knowledge score ranging from 0-25. The initial alpha reliability for the total Knowledge

scale was .57. In order to increase the reliability of the measure, five knowledge questions with the lowest item-total correlations were dropped. After dropping these items the scale reliability increased to .67.

Skills. Skills as a confidant were assessed using a 30-item self-report scale. This is derived from a 28-item scale, with a Cronbach alpha of 0.94, which was used in the original MFR assessment battery, along with two items to measure skills for serving as a confidant specifically with African American persons. Each item was answered on a Likert scale, with potential answers ranging from 1 (I'm at a loss) to 10 (I'm great at it). Items in this scale include: *Listening about a problem without soon forming a conclusion in my own mind about who is right and wrong; Listening about a problem without jumping in too soon with my own ideas; Showing empathy for someone who is upset without taking their side; Listening for the person's underlying feelings and not getting caught up in the gory details of the story; Letting the other person know I understand his or her feelings.* Each item of the scale was scored between 0 and 10, and each completed scale given an overall average score ranging from 0.0 to 10.0. The two items that are specific to the MFR-African Americans include: *Knowing how to be responsive to the unique challenges of AA relationships; Knowing how to address challenges that commonly affect African American relationships.* The alpha reliability was .97.

Confidence. Participants' level of confidence in their skills as a confider was assessed using a three-item scale used by Zrenchik (2016). The items include: *How confident would you say you currently are that you can be helpful when someone close to you confides about a serious relationship problem; How confident would you say you currently are that you can avoid saying the wrong thing when someone close to you*

confides about a serious relationship problem; How confident would you say you are about knowing when a problem someone confides about is serious. Each item was measured on a 0-10 Likert scale, with the average across the scales being used as the final measure ranging from 0-10. The alpha reliability for the confidence scale was .70.

Confiding Interactions. Frequency of confiding interactions was measured by two variables: number of different confiders and the number of conversations with confiders. The rationale is that participants may either have more intensity (reflected in more conversations) with the same people who already confide in them, or they may expand their pool of people who confide in them—or both. Participants were asked the following two questions: “*How many **different people** have confided you about a problem in their marriage or long term committed relationship in the last three months.*” and “*How many **conversations** would you say you have had about a problem in someone’s marriage or long-term committed relationship during the last three months? This can include more than one conversation with the same person.*” Potential answers for both questions ranged, on an ordinal scale, from 0 to 10, and also “more than 10.” Each measure yielded a total score of number of different people and number of conversations.

Demographics

All participants were self-identified as African American. Gender was assessed as male/female. Education was assessed by the question: What is the highest level of education you have completed? *Did not graduate from high school; High school graduate; some college, but no degree (yet); 2-year college degree; 4-year college*

degree; Postgraduate degree. Table 1 shows these demographic variables for the sample, along with age.

Data Analysis Plan

The analysis plan began with descriptive statistics using the IBM SPSS 22 software. Descriptive statistics consisted of tests for frequency distributions, central tendency to create a probability distribution, and standard deviation to test dispersion. Correlations were computed among the outcome variables; all were in the low to moderate range (r 's from .10 to .30), indicating that they are independent outcome variables.

The data analysis plan for the study goals consisted of repeated measures ANOVA with two groups (immediate intervention and wait-list control) and two time points (pre-test and three-month delay). The principal interest was the group \times time interaction effect. To test for sphericity, Mauchly's test was employed with the Greenhouse-Geisser correction to adjust epsilon.

The analysis was carried out according to per-protocol principles, meaning that only those who completed all the requirements of the group they were randomly assigned to be included in the analyses. This means that people who were assigned to the intervention group but did not attend the workshop ($N = 11$) were excluded from the analysis, and the one member of the control group who did not do the follow up assessment was excluded from the analysis. Because there was very little missing data (a total of eight individual scale items across all the measures in the sample), mean imputation was used to handle missing data.

Results

Descriptive data on the intervention and control groups are found in Table 1, with respective N's of $N = 29$ (intervention) and $N = 29$ (Control). A series of one-way ANOVAs served as a check that randomization yielded equivalent groups on demographic variables and the outcome variables measured at time 1. There was one variable—knowledge—that was significantly different, with the intervention group higher at time 1 than the control group [$F(1,52) = 1.44, p = < 0.05$]. Therefore, the analysis involving the knowledge variable was an ANCOVA, controlling for knowledge scores at time 1.

Table 2 presents the findings from the one-way repeated measures ANOVAs (and ANCOVA). The key analysis of interest was the group x time interaction. Results indicated significant time x group interaction effects for knowledge [$F(1, 52) = 28.55, p = < 0.01$], and skill [$F(1, 52) = 18.60, p = < 0.01$]. Specifically, the intervention group gained in knowledge and skill relative to the control group. Effect sizes were as follows: knowledge ($d = 1.57$), and skill ($d = 1.17$). There was no significant time x group interaction effect for confidence.

Results of the analyses for confiding interactions showed a significant group x time effect for number of confiding conversations [$F(1,52) = 18.70, p = < 0.01$], but not for the number of confiders interacted with.

Discussion

The findings from this randomized control trial of an African American adaptation of the Marital First Responders curriculum offers evidence for the effectiveness of the MFR-AA educational protocol. Participants in the program substantially increased their knowledge and skills as confidants. There was not effect for confidence, a finding also reported by Zrenchick (2016). An explanation for the lack of a confidence effect may be that it takes longer than three months for confidence to increase. Another explanation is that there may be a ceiling effect: people who already identify as confidants may already have a high degree of confidence prior to the training. There could also be measurement issues with the confidence variable, which had just three items, that made it not sensitive to change based on the intervention.

In terms of confidant interactions (an area not formally hypothesized because of the short follow up period), there was a significant finding for number of conversations. This suggests that MFR-AA participants were more responsive to people currently in their lives who sought conversations about relationship problems. The lack of effect for number of confiding individuals (as opposed to confiding conversations), suggests that three months may not be enough time for participants to engage new confiders but rather increase their interactions with current confiders.

The current findings are congruent with the theory of Human Ecology, which emphasizes relationships within social ecosystems. In particular, the finding of an increased number of confiding conversations among African American participants may mean that participants became more aware of the power of these confiding relationships, and thus held more conversations with those in their social networks. MFR-AA may

have potential to be an ecological intervention in addition to an individual intervention for those who attend.

In terms of Critical Race Theory, it is important to note that the issue of race and racism was discussed in the workshop, particularly as applied to romantic relationships developing in the African American community. A number of participants stressed that any relationship training would be insufficient if not discussed with a lens that views African American romantic relationships occurring in a milieu influenced by race and racism. The context of oppression influences all relationships within the African American community. This context undergirds the importance of having a theoretical underpinning such as Critical Race Theory, that views race as an important factor in all aspects of the Africans' existence in America.

Limitations & Future Directions

There are several important limitations to the current study. The lead researcher conducted the MFR-AA intervention and educational protocol. Additional studies will be needed to determine if the effects generalize to other instructors. All of the outcome variables were measured by self-report as opposed to direct observation of confidant and confider interactions. However, based on the spontaneous and confidential nature of confiding conversations, it would be difficult to directly study the behavioral skills and outcomes of confiding conversations in their social networks. Future studies might involve simulations of actual confiding conversations to move beyond self-report measures. Finally, the sample size, although adequate as a test of the intervention, was not large enough for sub-group analyses for variables such as age and gender.

Conclusion

The current study offers evidence to support the feasibility of an educational, skill-building and community-based intervention to support relationships among African Americans. Given that African Americans as a community do not engage therapy at a rate on par with most other communities, the MFR-AA may have special value in enhancing peer support mechanisms for marriage and long-term committed relationships.

Overall, this second randomized controlled trial of Marital First Responders adds support for the effectiveness of this approach to assisting romantic relationships. The program might be made more widely available through the development and validation of online versions for the general public and specifically for African Americans.

References

- Bell, D.A. (1995). *Who's afraid of Critical Race Theory?* University of Illinois.
- Brown, D. R., & Gary, L. E. (1985). Social Support Network Differentials Among Married and Non-Married Black Females. *Psychology of Women Quarterly*, 9(2), 229-241. doi.org/10.1111/j.1471-6402.1985.tb00874.x
- Bryant, C.M., & Conger, R.D. (1999). Marital Success and Domains of Social Support in Long-Term Relationships: Does the Influence of Network Members Ever end? *Journal of Marriage and the Family*, 61, 437-450. Retrieved from <http://www.jstor.org/stable/353760>
- Bryant, C. M., Wickrama, K., Bolland, J., Bryant, B. M., Cutrona, C. E., & Stanik, C. E. (2010). Race Matters, Even in Marriage: Identifying Factors Linked to Marital Outcomes for African Americans. *Journal of Family Theory & Review*, 2(3), 157-174. doi.org/10.1016/j.ssresearch.2006.04.001
- Bulanda, J. R., & Brown, S. L. (2007). Race-Ethnic Differences in Marital Quality and Divorce. *Social Science Research*, 36(3), 945-967. doi.org/10.1016/j.ssresearch.2006.04.001
- Chambers, A. L., & Kravitz, A. (2011). Understanding the Disproportionately Low Marriage Rate Among African Americans: An Amalgam of Sociological and Psychological Constraints. *Family Relations*, 60(5), 648-660. doi.org/10.1111/j.1741-3729.2011.00673.x
- Cherlin, A. (1996). Marriage and Marital Dissolution Among Black Americans. *Journal of Comparative Studies*.

- Cherlin, A. (2005). American Marriage in the Early Twenty-First Century. *The Future of Children*, 15(2), 33-55.
- Crenshaw, K. (Ed.). (1995). Critical Race Theory: The Key Writings That Formed the Movement. *The New Press*.
- de Graaf, P.M. & Kalmijn, M. (2006). Divorce Motives in a Time of Rising Divorce. *Journal of Family Issues*, 27, 483-505. doi: 10.1177/0192513X05283982
- Dixon, P. (2009). Marriage Among African Americans: What Does the Research Reveal? *Journal of African American Studies*, 13(1), 29-46. doi.org/10.1007/s12111-008-9062-5
- Estacion, A., & Cherlin, A. (2010). Gender Distrust and Intimate Unions Among Low Income Hispanics and African American Women. *Journal of Black Psychology*, (31), 475-498.
- Franklin, J.A., & Boyd-Franklin, N. (2000). Invisibility Syndrome: A Clinical Model of the Effects of Racism on African American Males. *American Journal of Orthopsychiatry*. 70(1), 33-41.
- Fu, V. K., & Wolfinger, N. H. (2011). Broken Boundaries or Broken Marriages? Racial Intermarriage and Divorce in the United States. *Social Science Quarterly*, 92(4), 1096-1117. doi.org/10.1111/j.1540-6237.2011.00809.x
- Hawkins, A., Willoughby, B., & Doherty, W., W. (2012). Reasons for divorce and Openness to Marital Reconciliation, *Journal of Divorce & Remarriage*, 53(6), 453-463, doi: 10.1080/10502556.2012.682898
- Helms, H.M., Crouter, A.C., & McHale, S.M. (2003). Marital Quality and Spouse's Marriage Work with Close Friends and Each Other. *Journal of Marriage and*

- Family Therapy*, 65, 963-977. doi: 10.1111/j.1741-3737.2003.00963.x
- Julien, D., & Markman, H. J. (1991). Social Supports and Social Networks as Determinants of Individual and Marital Outcomes. *Journal of Social and Personal Relationships*, 8, 549-568. doi: 10.1177/026540759184006
- Lin, N., & Westcott, J. (1991). Marital Engagement/Disengagement, Social Networks, and Mental Health. *The social context of coping* (pp. 213-237) New York: Springer.
- Lind Seal, K., Doherty, W. & Harris, S.M. (2015). Confiding About Problems in Marriage and Long-Term Committed Relationships: A National Study. *Journal of Marital and Family Therapy*, published online September 2015.
- McPherson, M., Lovin, L. S., & Cook, J. E. (2001). Birds of a Feather: Homophily in Social Networks. *Annual Review Sociology*, 27(), 415-444.
doi.org/10.1146/annurev.soc.27.1.415
- Milardo, R.M., & Lewis, R. (1985). Social Networks, Families and Mate Selection: A Transactional Analysis. In L. V. Abate (Ed.), *The handbook of family psychology and therapy* (pp. 258-283). Homewood, IL: Dorsey Press.
- Miller, R.B., Adersen, S & Keala, D.K. (2004). Is Bowen Theory Valid? A Review of Basic Research. *Journal of Marital and Family Therapy*. 30(4), 453-466.
- Oliker, S. (1989). *Best friends and marriage: The exchange among women*. CA: University of California Press.
- Owen, J., Quirk, K., Bergen, C., Inch, L. J., & France, T. (2012). The Effectiveness of PREP with Low-Income Racial/Ethnic Minority Couples. *Journal of Marital and Family Therapy*, 38, 298-307. doi.org/10.1111/j.1752-0606.2012.00294.x

- Pinderhughes, E. B. (2002). African American Marriage in the 20th century. *Family Process*, 41(2), 269-282. doi.org/10.1111/j.1545-5300.2002.41206.x
- Rubin, L.B. (1985). *Just Friends: The Role of Friendship in our Lives*. New York: Harper & Row.
- Sarkisian, N., & Gerstel, N. (2004). Kin Support Among Blacks and Whites: Race and Family Organization. *American Sociological Review*, 69(6), 812-837. doi.org/10.1177/000312240406900604
- Smith, J. A., McPherson, M., & Smith-Lovin, L. (2014). Social Distance in the United States Sex, Race, Religion, Age, and Education Homophily among confidants, 1985 to 2004. *American Sociological Review*, 79(3), 432-456. doi.org/10.1177/0003122414531776
- Snowden, L. R. (2012). Health and mental health policies' role in better understanding and closing African American–White American Disparities in Treatment Access and Quality of Care. *American Psychologist*, 67(7), 524-531. doi.org/10.1037/a0030054
- Stanik, C. E., & Bryant, C. M. (2012). Marital Quality of Newlywed African American Couples: Implications of Egalitarian Gender Role Dynamics. *National Institute of Health Manuscripts*.
- Sweeny, M. M., & Phillips, J. A. (2004). Understanding Racial Difference In Marital Disruption: Recent Trends and Explanations. Retrieved from <http://scholarship.org/uc/item/o7r9f5bs> #page-40

- West, C. M., & Jackson, N. A. (Eds.). (2007). Dating Violence Among African American Couples. *Encyclopedia of Domestic Violence* (pp. 235-238).
- Whaley, A.L. (2001). Cultural Mistrust and Mental Health Services for African Americans: A Review and Meta-Analysis. *The Counseling Psychologist* (29), 513-531.
- Zreenchick, K. (2016). *A Randomized Controlled Trial of A Queered Adaptation of the Marital First Responder Curriculum* (Unpublished doctoral dissertation). University of Minnesota-Twin Cities, Minneapolis MN.

Appendix I

Table 1.

Demographic variables of total sample (N = 58)

	Intervention <i>M</i>	Control <i>M</i>	Overall <i>M</i>
Age	40.4 years	32.9 years	36.6 years
	Intervention (%)	Control (%)	Overall (%)
Gender			
Male	12 (41.4%)	9 (31.0%)	21 (36.2%)
Female	17 (58.6%)	20 (69.0%)	37 (63.8%)
Relationship Status			
Married	17 (58.6%)	14 (48.3%)	31 (53.4%)
Long Term Committed Relationship	5 (17.2%)	4 (13.8%)	9 (15.5%)
Not in a Relationship	7 (24.1%)	11 (37.9%)	18 (31.0%)
Highest Level of Education Attained			
High School Graduate	2 (6.9%)	3 (10.3%)	5 (8.6%)
Some or 2-Year College	4 (13.8%)	10 (34.5%)	14 (24.1%)
4-Year College	9 (31.0%)	7 (24.1%)	16 (27.6%)
Post-Graduate	14 (48.3%)	9 (31.0%)	23 (39.7%)

Table 2.*Intervention results on outcome variables.*

		Pre-Test		Post Test		Group x Time Interaction			
Source		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>F</i> <i>(1,52)</i>	<i>p</i>	<i>n2</i>	<i>d</i>
<hr/>									
Knowledge									
	Intervention	0.80	0.10	0.97	0.12	28.55	< 0.01*	0.30	1.57
	Control	0.68	0.11	0.65	0.10				
Skill									
	Intervention	3.53	3.51	4.21	3.90	18.60	< 0.01*	0.22	1.17
	Control	2.90	3.38	2.60	3.03				
Confidence									
	Intervention	-0.06	2.57	1.65	2.01	3.27	0.38	0.05	0.35
	Control	0.27	2.51	-0.48	2.31				
Confiding Partners									
	Intervention	1.99	0.26	2.31	2.85	1.60e	0.50	0.01	0.10
	Control	1.65	0.26	1.36	2.87				
Confiding Conversations									
	Intervention	1.99	1.09	2.31	2.15	18.70	<0.01*	0.01	0.10
	Control	1.66	1.02	1.36	1.66				

* Significant at $p = < 0.01$

MFR-AA Curriculum explained and compared to original MFR

The curriculum of the MFR is informed by nationally representative survey research on what individuals find helpful (and not helpful) when they were confiders and confidants (Seal, Doherty, and Harris, in press; Yeager 2017). The curriculum is comprised of content knowledge, and skill development, information and exercises to increase participant confidence, and other relevant curricula. The MFR-AA is composed primarily of the same curriculum. However, in order to increase both the cultural sensitivity and relevance to the African American community, the MFR-AA has *racialized* elements of the MFR; this includes both the addition of necessary African American knowledge, as well as supplementing African American language and scenarios.

In order for the reader to discern the original MFR curricula and the MFR-AA adaptation, this section will be organized as follows: The curriculum will be organized in three primary sections: Knowledge, Skill Development, and Intervention Process. The elements of the MFR that have been adapted to create the MFR-AA will be indicated by the African flag. For further comparison, the full curriculum of the original MFR-AA can be seen in Appendix II, and the full curriculum of the original MFR can be seen in Appendix III.

Knowledge

The MFR-AA will address relevant confiding knowledge as follows:

- *Assessing the problems.* Participants will be introduced to four important assessment criteria that will influence the confiding relationship. First, this includes discerning the relationship to the confider has to the confidant (such as family member, friend, co-worker). Confidants are also introduced to assess whether divorce is being seriously considered. This can be done by assessing if either partner is “leaning in” (wanting to work things out), “leaning out” (pushing the divorce idea), and what emotions may be associated with each type. Also, confidants are instructed to consider the problem(s) the confider is bringing up. Some common problems are: *Not enough attention*, *Money*, *Not able to talk together*, *Spouse/partner’s personal habits*, *Considering divorce (either the confider or the spouse)*, and *Infidelity*. The prevalence and frequency of problems brought to confidants were identified by Seal, Doherty, and Harris (2016). Next,


confidants are introduced to the difference between “hard” (often more serious) and “soft” problems (serious problems, but often less difficult to heal from, and more common, than “hard” problems). Hard problems are *Affairs*, *Abuse*, and *Addiction*. Soft problems include everything else. Hard problems are defined and expanded upon, and examples of soft problems are discussed in context as not as “emergency-level” as hard problems but still require confidants to respond with empathy and attention.

- *Research on common couple problems.* Confidants will also be introduced to relevant knowledge related to common couple problems. Some common couple problems are: *A decline in romantic and sexual intensity over time as couples settle in.; Differences in sexual interest, especially after the early phases of a relationship; A decline in couple satisfaction after the birth/adoption of their first child; A pursuing/distancing or demand/withdrawal pattern, with one partner asking for more attention or affection, and the other resisting. It’s the “common cold” of marriage.*

Regarding the common problems that couples experience, many of which are brought to confidants, participants are instructed that the problem is not the presence of these challenges, but the thoughtfulness and acceptance that couples bring to managing the challenges.

As much of this research knowledge comes from exclusively Dominant Culture marriages and relationships, participants will also introduced to common couple problems that face the African American community. Some of these are: *Dealing with internalized racism within the relationship, Navigating issues of race/racism outside of the relationship, including workplaces, family, friends, and community. This includes overt or covert discrimination in the legal system:*

- *Common mistakes.* Participants will be provided with a list of common mistakes committed by confidants including: *providing too much advice, being too critical of the confider or their spouse, and suggesting a breakup or divorce.*

 A common mistake relevant to the African American community would be confidants examining the relationship from a racially discriminatory lens.

- *Helpful confidant behavior.* Participants will also be provided with the top five behaviors that confidants exhibit that confiders report as being most helpful. This includes: *Listened to me; Gave me emotional support; Gave me a helpful perspective; Helped me understand my own contribution to the problem; Helped me understand where my partner was coming from.*



- *Knowledge on couple conflict.* Participants will be given a summary of some of the most robust psychological and relational research concerning divorce, and their findings. Some of these findings include: *All couples have conflict, and some conflict is good. The key is how they handle it. Positive emotional connection is the best way to reduce conflict. Happy couples spend time together and have, on average, 5 positive exchanges for every one negative one.; Escalation and withdrawal are typical ways of managing conflict, leading to unresolved problems.; Four of the worst things couples do in verbal conflict are: criticism/blame, defensiveness, contempt, and stonewalling. Contempt is THE most damaging; “Soft start ups” (as opposed to “harsh start ups”) are the best way to avoid unnecessary fights. These are calm ways to bring up a concern. Most conflicts start derailing within the first two exchanges. Being heard and understood by the partner goes a long way towards resolving a conflict.*
- *Knowledge concerning divorce.* Participants will also be introduced into some relevant knowledge on divorce. This includes: *The majority of divorces nowadays are for “soft” reasons. The top three reasons for divorcing parents in Hennepin County, Minnesota are: growing apart, not able to talk together, and money problems; Usually one person is well ahead of the other partner in wanting and planning a divorce. Divorce is hardly ever a consensual decision, at least in the early stages.; Most people go through a roller coaster of hope and despair about divorcing or saving their marriage, and many people hold hope even after the divorce process is underway.*

Skill Development


The MFR-AA will provide participants with interventions and activities to build effective skills. The skill-building portion of the curriculum is separated into two hierarchical categories: Level One and Level Two. Level One skills include the basic skills: Listening, Empathizing, Affirming, and offering Perspective (LEAP). Level Two skills include Challenging, Advising, and providing Resources (CAR).

Level One Skills


- *Listening.* The purpose of this section is to teach participants the following effective listening skills: *Let the person talk, and not interrupt or offer perspective too soon; Listen for feelings and avoid getting caught up in the details of the story; To avoid jumping to conclusions, especially on “soft” problems; Be aware that the confider is telling only that person’s side, and only what that person is choosing to tell.*


- *Empathizing.* The purpose of this section is to teach participants effective empathizing skills. Some of these are: *To let the person know you care. To reflect back the person's feelings; To show understanding why the person is feeling badly; To take advantage of Non-verbal communication and that one can show empathy just with a look, touch, or a sound ("Ooh..."); To avoid statements that appear empathetic but are really put downs of the partner.*
- *Affirming.* The purpose of this section is to teach participants the following effective affirming skills: *To affirm the strengths and capacity of the person; To affirm the strengths and capacity of the partner and the relationship (when genuinely felt); To avoid being so positive that the person doesn't feel heard.*
 MFR-AA participants are also informed *"Certain issues discussed may provide you an opportunity to affirm the resilience of the African American community."*
- *Offering perspective.* The purpose of this section is to teach participants ways to offer perspective without being demonstrative. Some of these are: *To make sure listening, empathizing, and affirming is done first (generally). To share one's own experience and learning; To back up if the person rejects the confidants perspective as not relevant to his/her situation.; To avoid lecturing, sounding too smart, and accepting as normal what should not be acceptable (especially the hard problems).*
 MFR-AA includes the instructions: *Abstain from generalizing statements or statements about the African American community that can be off-putting to African American couples."*

Level Two Skills.


1. *Challenging.* Participants will be guided on important considerations when challenging. This includes challenges that sometimes need to take place, and how to effectively challenge without being overly combative. Some common challenges confiders must engage in are: *To instruct the confider to be clearer about what you feel and want; To encourage the confider to look at their own expectations; To encourage the confider to think about the other person's side.* Confidants also learn how to challenge effectively. Some of the strategies to effectively challenge that participants will learn are: *With gentle questions/curiosity; With a question about whether the confidant can challenge the person; With I-statements.*
 MFR-AA participants will also be instructed to challenge *"with comments that acknowledge racial differences"* when appropriate.

2. *Advising.* Participants will participate in skill building exercises concerning effective means to offer advice. To provide effective advising, confiders must learn things such as: *How to use direct, specific advice infrequently; To use advise mainly when the other person is in turmoil and at risk of making poor decisions; How to respond when a confider says “yes, but”.* Participants will learn when advice is most necessary, including: *To end an affair and deal directly with the problems in a relationship; To seek help from a counselor; To have a safety plan; To get a lawyer when a desperate spouse is making financial or child custody threats.*

 Participants will be informed of some of the unique challenges that commonly affect long-term African American romantic relationships that are terminating, which may be relevant when advising a confidant.

 Participants will also be informed of when it may be a good idea to specifically utilize the strengths and resilience of the African American community, specifically their value of marriage, when it may be necessary. An example of this would be *“I know a lot of African Americans have fought for us to have the right to be seen as equals in this country. Now that we have those rights, we have to make sure we respect and acknowledge the sacrifices it took to get us here. Have you ever considered reaching out to an African American-based organization to see if they can offer some additional support/insight about romantic relationships specific to our community?”*


3. *Suggesting resources.* Participants will be offered an opportunity to skillfully offer resources to confiders. Some of the skills necessary to do this include: *How to open up the topic by asking if the person has sought help or is thinking about getting help; How to carefully suggest they speak to a counselor; How to follow the person’s lead in response to whether or not they want a resource.*

 Participants will also be offered an opportunity to consider context to ensure the resources offered to an African American confider is supportive of their identity as African Americans and given the option to seek support from.

Other Curriculum Content Areas.

- *Their role as marital confiders.* The curriculum includes clarification into the expectations and limitations of their role as marital confiders. Expectations include being an empathetic listener, and to hold hope for people and their marriage. Limitations include that, as marital confiders, they are not therapists or trained professionals, they are not to take sides in conflict, and are not to tell confidants what to do.

- *Maintaining boundaries.* Participants will also be provided both knowledge and skills around how to maintain boundaries in the confiding relationship. Some of these are: *Know the triggers from your own experience (for example, if you were cheated on); Resist getting drawn into a triangle when you have a relationship with the spouse/partner; Even when asked, be careful about direct, specific advice such as “Here’s what you should say to him when you are home tonight.”*

 This sections has been adapted to include: *Attaining personal awareness of how race/racism may be affecting how you perceive the situation (this includes but is not limited to) your race and current, as well as past experiences with discrimination and micro-aggressions and micro-invalidations. Awareness of your religious beliefs is also important here.*

- *Resource list.* Participants will also be given a list of African American supportive resources that they can use in future confiding interactions.

Appendix II

Full Curriculum for the MFR-AA

FOUR ASSESSMENT CONSIDERATIONS

1. What is my relationship to the person and their spouse? Most common in our research:

- Female friend
- Family member (top two: siblings and adult children)
- Male friend
- Coworker

2. What problem is the confider bringing up? From our research:

Growing apart (73% of confidants have been told about this)

Not enough attention (67%)

Not able to talk together (58%)

Money (56%)

Spouse/partner's personal habits (52%)

Considering divorce (47%) (either the confider or the spouse)

Personal problems of the spouse/partner (52%)

Household responsibilities (49%)

Infidelity (46%)

In-law and other relatives (47%)

Spouse's leisure activities (39%)

Being controlled by the partner (47%)

Alcohol or drug problems (36%)

Sexual problems (40%)
Differences in tastes and preferences (40%)
Spouse/partner's friends (35%)
Severe emotional abuse (29%)
Conflicts over raising children (39%)
Job problems (26%)
Physical violence (24%)
Spouse works too many hours (32%)
Conflicts over child care responsibilities (29%)
Religious differences (17%)

3. Is it a “hard” problem or a “soft” problem?

Hard problems (“AAA”): Abuse, Affairs, and Addictions

- Abuse means physical violence, emotional cruelty, and what’s called “coercive control” where the spouse or partner is restricting the person’s freedom in a serious way—like who they talk to, what they wear, where they go.
- Affairs can be sexual or emotional infidelity. Emotional affairs are close relationships that are kept secret from the spouse.
- Addictions can be to alcohol, drugs, gambling or other out-of-control behavior.

Soft problems are everything else.

- Problems like growing apart, money, sexual problems, parenting differences, arguing a lot
- Soft problems can be very painful, and are the most common reasons for divorce, but they're not in an "emergency" category like the hard problems. Some people live a happy life while learning to live with soft problems in their marriage, but the hard problems almost always compromise human health and dignity.
- Bottom line: empathize with soft problems but don't react as if they are hard problems that are immediately threatening.

4. Is divorce on the table?

- Is the person hinting at or talking openly about divorce?
- Usually one spouse is ahead of the other when it comes to wanting a divorce. One is leaning out (pushing the divorce idea) while the other is leaning in (wanting to work things out). Therefore:
- Is the confider the leaning out spouse? If so, has he/she told the other spouse?
- Or is the confider the leaning in spouse? Likely to have high anxiety at the moment.

YOUR ROLE AS A MARITAL FIRST RESPONDER

- Your job is to be a good friend or family member, not a therapist.
- Your job is to listen and be supportive, not to take sides or figure out who is right and wrong.
- Your job is help people come to their own solutions, not to tell them what they should do. If they are very distressed and can't find their own solutions, we'll teach you how to encourage them to seek professional help.
- Your job is to hold hope for people and their marriage, and not pile on with more negativity—with some exceptions.

TOP TEN MISTAKES

Reset your “default” responses if they are not helpful. It’s important to understand things you say when you get anxious, overinvolved, or don’t know what else to say. The top five unhelpful things reported by confiders in our research, followed by six more:

- Mama knows best: too much advice, a lot of it not useful. (“You should tell him he has to support you with big mama”)
- The Yapper: too much about self (“When Harold and I went through the same thing 20 years ago—no, it was 25 year ago—what I remember was...(blah, blah)
- Side Taker: too critical of the spouse (“What a knucklehead!”)
- Judge: being negative towards the confider (“You’re only thinking about yourself.”)
- Mr./Ms. You could do better: suggesting a divorce or break up (“I wouldn’t stay another day with a woman who cheated on me.”)

Six other common mistakes we’ve seen:

- Distracter: too much talk, or changing the subject (“Quite a winter we’ve had this year.”)
- Sweet Tea: too reassuring (“You’re such a great couple.”)
- Interrogator: too many questions, asking for unnecessary detail
- Know-it-all: offering perspective too soon
- Softy: staying with empathy when the person needs challenge

**COMMON COUPLE PROBLEMS
(THAT SOME THINK ARE UNCOMMON FLAWS)**

- A decline in romantic and sexual intensity over time as couples settle in.
- Differences in sexual interest, especially after the early phases of a relationship.
- A decline in couple satisfaction after the birth/adoption of their first child.
- A pursuing/distancing or demand/withdrawal pattern, with one partner asking for more attention or affection, and the other resisting. It's the "common cold" of marriage.
- Another common pattern is over-functioning and under-functioning, which tend to reinforce each other. Can become a parent/child-like dynamic.
- Most common complaints about male partners: not a full partner (doesn't participate and connect enough). Most common complaint about female partners: too critical and demanding. Of course gender is also very fluid. These are merely common generalities.
- Personality differences and areas of incompatibility that become more annoying over time (they may have been okay or even "cute" at the beginning).

**WHAT RESEARCH TELLS US ABOUT COMMON COUPLE PROBLEMS IN
THE AFRICAN AMERICAN COMMUNITY
(THAT SOME THINK ARE UNCOMMON FLAWS)**

- Dealing with racism and internalized racism issues within the relationship.

- Navigating issues of race and discrimination outside of the relationship, including workplaces, family, friends, and community. This includes the overt or covert discrimination in the legal system.
- Complexities of gender mistrust, specifically female to male mistrust, may present as potential obstacles within the relationship

The problem is not the presence of these challenges, but the thoughtfulness and acceptance that couples bring to managing the challenges.

MARITAL FIRST RESPONDER CORE SKILLS

What do confidants do that is most helpful for confiders? Top five in our research:

1. Listened to me
2. Gave me emotional support
3. Gave me a helpful perspective
4. Shared a personal experience
5. Helped me understand my own contribution to problem

LEVEL ONE: L.E.A.P. (Listen, Empathize, Affirm, offer Perspective)

1. LISTEN

- Let the person talk, don't interrupt or offer your perspective too soon
- Listen for feelings (mad, sad, scared, hurt, frustrated, worried, confused) and don't get caught up in the details of the story (who said what to who and when)
- Don't jump to conclusions, especially on "soft" problems; be aware that you are hearing one person's side, and only what that person is choosing to tell you.

2. EMPATHIZE

- Let the person know you care. "I'm sorry you're going through a hard time right now."
- Reflect back the person's feelings
 - "That must have really hurt." "What a confusing situation you're in right now."
- Show you understand why the person is feeling badly
 - "It makes sense that you are beside yourself upset about what happened."
- Non-verbal's are key. Sometimes you can show empathy just with a look or touch, or a sound ("Ooh...")
- Listen for the "soft feelings" (sadness, fear, hurt, insecurity) underneath the "hard feelings" (anger, aggravation, frustration, blame). People often lead with the hard, protective feelings, but the softer, more vulnerable feelings are often a pathway towards understanding and healing.
- Avoid statements that appear empathetic but are really put downs of the partner.
 - "How insensitive!" OR "I can't believe he won't support you better."
- If the person is going on and on with a critique of the partner or details of what happened, gently steer back to the person in front of you by offering empathy. (You can't empathize with a harangue, only with a person.) "What a mess. I'm so sorry."
- Good empathy should help the person feel calmer rather than adding fuel to the bonfire. (An exception would be an abusive situation where the person is too calm in the face of danger.)

3. AFFIRM

- Affirm the strengths and capacity of the person
 - “I know you are a caring person.”
- Affirm the strengths and capacity of the partner and the relationship (only when you mean it)
 - “I know he is committed to you.” OR “You two have weathered storms before.”
- Avoid being so positive that the person doesn’t feel heard
 - “You two are such a special couple it’s hard to believe you’re having problems.”
- Certain issues discussed may provide you an opportunity to affirm the resilience of the African American community

4. PERSPECTIVE (L.E.A. skills are for every conversation; perspective is for many but not all)

- Generally, make sure you’ve done L.E.A. first.
- Share your own experience and learning’s
 - Criteria for good self-disclosure: brief, to the point, and return the focus to the other person
 - Share your perspective with humility:
 - “I don’t know if this fits your situation, but my husband and I have dealt with something that sounds similar. Here’s something I learned.”
 - “I’ve thought a lot about this problem because I’ve faced it in my own marriage. Here’s where I came out of it... I don’t pretend that this has to work for you, but it did help us.”
 - But be careful not to equate your experience (“I know just how you feel”); every couple is different
- Help the person understand that common problems are universal.
 - “From what I understand, a lot of couples wonder what happened to their marriage when the last kid leaves home.”
- Offer a perspective on what the spouse/partner might be feeling, if you know the person.

- “I’d bet that Jack is feeling badly about that big argument too.”
- You could share something you’ve learned as a Marital First Responder (“I took a workshop on couple relationships and here’s something I learned....”)
- Back up if the person rejects your perspective as not relevant to his/her situation.
- Avoid lecturing, sounding too smart, and accepting as normal what should not be acceptable (especially the hard problems)

WHAT RESEARCH TELLS US ABOUT MARITAL CONFLICT AND DIVORCE

MARITAL CONFLICT

- All couples have conflict, and some conflict is good. The key is how they handle it.
- Positive emotional connection is the best way to reduce conflict. Happy couples spend time together and have 5 positive exchanges for every one negative one.
- Escalation and withdrawal are typical ways of managing conflict, leading to unresolved problems.
- Four of the worst things couples do in verbal conflict are: criticism/blame (“It’s your fault”); defensiveness “It’s not my fault”); contempt (“You’re an idiot”); and stonewalling (“I’m not talking to you”). Contempt is the most damaging.
- “Soft start ups” (as opposed to “harsh start ups”) are the best way to avoid unnecessary fights. These are calm ways to bring up a concern. Most conflicts start derailing within the first two exchanges.
- Being heard and understood by the partner goes a long way towards resolving a conflict.
- Most ongoing marital problems (70% by some estimates) never get solved, but couples can learn to live more graciously with them. (Note: these are generally “soft” problems.)

- Interpretations matter: How people understand their partner's actions affects how they feel and react, for example, whether they think their partner is deliberately provoking them versus doing something unintentionally or out of ignorance of its effects.
- Many marriages survive infidelity and come out better if they get help.
- There are two main kinds of intimate partner violence: "situational violence" that comes from escalating conflict and may involve both partners hitting, and "intimate terrorism," which usually involves a man controlling, demeaning, and intimidating a woman, with or without physical violence. Both are dangerous, but the second one, though less common, is especially threatening to women.

DIVORCE

- The majority of divorces nowadays are for "soft" reasons. Top three reasons for divorcing parents in Hennepin County, Minnesota: growing apart, not able to talk together, and money problems.
- Usually one person is well ahead of the other partner in wanting and planning a divorce. Divorce is hardly ever a consensual decision, at least in the early stages.
- Most people go through a roller coaster of hope and despair about divorcing or saving their marriage, and many people hold hope even after the divorce process is underway.

LEVEL TWO: C.A.R. (Challenge, Advice, offer Resources)

For some situations, after you've done a good job with L.E.A.P. and the person seems open

Here are some common situations when C.A.R. might be needed:

- When the confider is not doing something basic, like telling their spouse about their concern
- Same story over and over, the person is stuck

- When it's clear they need help and aren't seeking it
- Hard problems (abuse, affairs, additions), especially when there is imminent threat
- When divorce is on the table

1. CHALLENGE

Examples of common challenges:

- Be clearer about what you feel and want ("He can't read your mind.")
- Look at your expectations ("With a little baby and no sleep, are you surprised that she's not that interested in sex?" or "The original romance and intensity doesn't come back, but something different and better can take its place.")
- Think about the other person's side ("Every problem has two sides. I wonder what he would be saying if he was here now.")
- Look at your own part ("You know, it take two to tango. Have you thought about what you might be contributing to the problem?")
- Maintain hope and keep working on a marriage ("The stakes are really high. I hope you're going to keep trying and not give up too soon.")
- Don't accept the inevitability of divorce the first time you hear about someone's intention. ("Sometimes when people say they want a divorce it's a desperate call for change. You have choices to make about what to do next.")
- Take more seriously problems that are really serious ("I'm worried that you are not taking his threats seriously enough" or "Divorce is really hard on kids, but it can be particularly tough on kids of lesbian parents; especially because there is a lot of grey area on what her parental rights are. I'm concerned you don't know enough about what you may be getting your family into.")

Ways to challenge

- With gentle questions

- “Have you thought about whether he might be as worried as you are but not telling you?”
- With a question about whether you can challenge the person
 - “Can I say something challenging right now?”
- With I-statements
 - “One of the things I’ve learned is that when I don’t speak up, I can’t expect him to know what I want.”
- With general comments about relationships
 - “There are always two sides to a problem of communication. What do you think he is thinking and feeling?”
- With expressions of concern
 - “I’m worried that you are in a deep hole and digging deeper right now.”
 - “I’m worried for your safety right now.”
- With affirmation of the person’s autonomy: it’s their choice
 - “This is just my view. You’re the one who gets to decide.”
- Non-verbal’s are important. Looking a bit pained to have to deliver a difficult message is likely to be better received than looking like you are enjoying challenging the person.

2. ADVISE

- Use direct, specific advice infrequently. Too much of it turns people off.
- Use mainly when the other person is in turmoil and at risk of making poor decisions.
- When you hear “yes, but,” back up and use your L.E.A. skills some more.
- Examples of when direct advice might be helpful:
 - To end an affair and deal directly with the problems in a relationship
 - To seek help from a counselor

- To have a safety plan
 - To get a lawyer when a desperate spouse is making financial or child custody threats
- Best to preface direct advice with an affirmation of concern and recognition that it's the other person's decision
 - "I'm really worried for you right now and I know it's up to you what you decide what you're going to do. I just hope you will give serious thought to what I want to say to you."

MAINTAINING BOUNDARIES

1. Know your triggers from your own experience (for example, if you were cheated on).
2. Be aware of how aspects of your identity may be affecting how you perceive the situation (this includes (but not limited to) your gender, your sexual orientation, your religious affiliation).
3. Avoid stereotypes of African American couples, no matter how close you are with the person. Even saying things like "You know how black men are?", introduce a whole set of complex issues that may be irrelevant to the situation.
4. Care without getting more negative or upset about the problem than the other person is (emergencies aside).
5. Resist getting drawn into a triangle when you have a relationship with the spouse/partner.
6. Be careful about offering your own assessment of the problem even when asked (for example, "I think this is a communication problem" or "He has a sexual hang-up.")

7. Even when asked, be careful about direct, specific advice such as “Here’s what you should say to him when you home tonight.”
8. Pull back to supportive listening (L.E.A.) if the person brings up the problem over and over, and has not accepted your perspective, challenge, or advice. Keep a check on your impatience, and don’t make a recommendation that someone live with the problem or break up the relationship because you are tired of listening to their complaints.
9. Remind yourself of the limits of your ability to help when the other person is not ready to face the problems or has determined a course of action you think is unwise.

OFFERING RESOURCES

Timing is important; don’t offer until you’ve used other skills and the person seems open to your input about next steps.

RECOMMENDING HELP

1. Open up the topic by asking if the person has sought help or is thinking about getting help. “Have you ever thought about talking to a counselor about this?”
2. Follow the person’s lead in response to that question. If it’s “yes,” ask for who they’ve talked to or thought about talking to. If it is, “I’m not sure,” or “no,” explore their thinking: “What are your thoughts about whether it might help to talk to someone about this?”
3. If you’ve had a good experience in couples counseling, a couples retreat, or other forms of help, you can share that experience.
4. If the person’s distress is strong and enduring, then you can say that maybe it’s time to considering some marriage counseling (or other form of help). (“I know counseling is not

your thing, but this is a serious problem that doesn't seem to be getting any better. I'm worried for you two.”)

5. If this is met with resistance, back up the first time. But bring it up again in the future if the person keeps confiding in you about the problem and your help does not seem to be doing much good. “You’re using me a sounding board, and I’m willing to keep supporting you because I’m your friend and I care about you. But I keep getting this feeling that you’d be better off talking to someone with professional training too.”
6. Distinguish between this person’s reluctance to seek help versus his/her view of the spouse’s reluctance. Sometimes people who are ambivalent hide behind their partner’s reluctance to get help. (“I hear you that you think that he would not go with you to marriage counseling. What I’m not clear about whether you think it’s a good idea yourself.
7. If the person seems open, you could say that you took a workshop that talked about different kinds of help for couples and individuals in relationships, and that you have a resource list you can share if the person is interested.
8. Perspective on types of help (see resource list)
 - Generally, marriage/couples counseling is better than individual counseling for relationship problems.
 - Individual therapists tend to see things from the perspective of their client and can sometimes inadvertently undermine relationships. Normally therapists should not become couples therapists for their long-term individual clients.
 - Some therapists who see couples are not good at it; they are mainly individual therapists.

- Couples retreats can be good ways to jump start a flagging relationship and many programs offer follow up support groups.
- Some online resources are helpful for situations such as affairs and a sudden breakup.
- If there is a safety concern, the confider should start with an individual therapist or crisis line.

If the confider wants legal help or information about the divorce process, suggest they look for someone trained in Collaborative Practice or mediation.

Resources for African American Individuals & Couples

Couples Therapists

1. The Minnesota Couples on the Brink Project
www.mncouplesonthebrink.org

A University of Minnesota resource for “discernment counseling” that helps couples decide on whether to divorce or work on restoring their marriage to health. Best for situations when one partner is ambivalent about doing regular marriage counseling.

2. National Registry of Marriage Friendly Therapists
www.marriagefriendlytherapists.com

A national and local network of marriage counselors who are experienced and oriented to preserve marriages if possible, recognizing that it is not always possible, rather than taking a "neutral" stance on the issue. Be sure to ask the therapist if they are African American Affirming, and if they have experience working with AA Couples. (Disclosure: William Doherty is co-founder of this resource, although he is no longer involved in it.)

3. Emotionally Focused Therapists

<http://www.mneftcommunity.org/Find-an-EFT-Therapist.html>

A national and local network of therapists with specialized training in Emotionally Focused Therapy for Couples, a highly researched approach developed by Sue Johnson.

4. Empower Therapeutic Support Services MN

www.empowerfam.com

5. The American Association for Marriage and Family Therapists.

www.therapistlocator.org

This is the largest network of marriage and family therapists locally and nationally. The Therapist Locator contains a list of hundreds of local members. The list can be overwhelming in size, and the experience level of members in marriage counseling differs greatly. An option for locating the most experienced marriage therapists in this organization is to look for members whose web page lists "approved supervisor" as a credential. Be sure to ask the therapist if they are an African American resource, and if they have experience working with AA Couples.

6. Kente Circle

www.kentecircle.com

Kente Circle is an African American community-based therapeutic support organization specializing in relational growth through recognition and affirmation of communal faith, health and innovative strategies

Legal Help

1. Collaborative Law Institute of Minnesota

<http://www.collaborativelaw.org/>

Family law attorneys and allied professionals who are committed to a healing process for the whole family and avoiding litigation. A number of collaborative lawyers are trained to keep the reconciliation option open throughout the divorce process.

2. Divorce Mediation

There are many divorce mediators in the Twin Cities area. They work with both parties together to create agreements outside of court.

Appendix III

Cirriculum of the Original MFR

FOUR ASSESSMENT CONSIDERATIONS

1. **What is my relationship to the person and their spouse?** Most common in our research:
 - Female friend
 - Family member (top two: siblings and adult children)
 - Male friend
 - Coworker

5. **What problem is the confider bringing up?** From our research:
 - Not enough attention (63% of confidants have been told about this)
 - Money (60%)
 - Not able to talk together (60%)
 - Spouse/partner's personal habits (59%)
 - Considering divorce (58%)
 - Infidelity (51%)
 - Personal problems of the spouse/partner (49%)
 - Job problems (48%)
 - Includes spouse works too many hours (24%)
 - In-law and other relatives (47%)
 - Spouse's leisure activities (41%)
 - Household responsibilities (41%)

Being controlled by the partner (40%)
Alcohol or drug problems (38%)
Sexual problems (38%)
Differences in tastes and preferences (37%)
Spouse/partner's friends (34%)
Severe emotional abuse (32%)
Conflicts over raising children (30%)
Physical violence (27%)
Conflicts over child care responsibilities (22%)
Religious differences (14%)

6. Is it a “hard” problem or a “soft” problem?

Hard problems (“AAA”): Abuse, Affairs, and Addictions

- Abuse means physical violence, emotional cruelty, and what’s called “coercive control” where the spouse or partner is restricting the person’s freedom in a serious way—like who they talk to, what they wear, where they go.
- Affairs can be sexual or emotional infidelity. Emotional affairs are close relationships that are kept secret from the spouse.
- Addictions can be to alcohol, drugs, gambling or other out-of-control behavior.

Soft problems are everything else.

- Problems like growing apart, money, sexual problems, parenting differences, arguing a lot
- Soft problems can be very painful, and are the most common reasons for divorce, but they’re not in an “emergency” category like the hard problems. Some people live a happy life while learning to live with soft problems in their marriage, but the hard problems almost always compromise human health and dignity.
- Bottom line: empathize with soft problems but don’t react as if they are hard problems that are immediately threatening.

7. Is divorce on the table?

- Is the person hinting or talking openly about divorce?
- Usually one spouse is ahead of the other when it comes to wanting a divorce. One is leaning out (pushing the divorce idea) while the other is leaning in (wanting to work things out). Therefore:
- Is the confider the leaning out spouse? If so, has he/she told the other spouse?
- Or is the confider the leaning in spouse? Likely to have high anxiety at the moment.

YOUR ROLE AS A MARITAL FIRST RESPONDER

- Your job is to be a good friend or family member, not a therapist.
- Your job is to listen and be supportive, not to take sides or figure out who is right and wrong.
- Your job is help people come to their own solutions, not to tell them what they should do. If they are really distressed and can't find their own solutions, we'll teach you how to encourage them to seek professional help.
- Your job is to hold hope for people and their marriage, not pile on with more negativity—except in dangerous situations.

MOST COMMON MISTAKES

Reset your “default” responses if they are not helpful. It's important to understand things you say when you get anxious, overinvolved, or don't know what else to say. The top unhelpful things reported by confiders:

- Gave too much advice, a lot of it not useful. (“You should tell him he has to support you with his mother.”)
- Talked too much about self (“When Harold and I went through this, we...”)
- Was too critical of my spouse (“What a jerk.”)
- Suggested I break up with my spouse (“I wouldn't stay another day with a woman who cheated on me.”)
- Was judgmental or critical (“Whining isn't going to solve your problem.”)

Others we've found:

- Saying nothing or changing the subject—“How about this weather?”
- Rushing to reassure—“You have such a good marriage.” Or “You're such a kind person. I'm sure you are polite to his mother.”
- Asking too many questions—“What exactly did she say? Then what did you say? And then what happened?”)
- Offering perspective too soon, before emotionally connecting enough (“I see what's going on.”)
- Over-empathizing—“What an awful thing for you to be married to a man who doesn't appreciate your gifts.” Or “I can't imagine what it would be like to live with so little sex.”

WHAT RESEARCH TELLS US ABOUT COMMON COUPLE PROBLEMS (THAT SOME THINK ARE UNCOMMON FLAWS)

- A decline in romantic and sexual intensity over time as couples settle in.

- Differences in sexual interest, especially after the early phases of a relationship.
- A decline in couple satisfaction after the birth of their first child.
- A pursuing/distancing or demand/withdrawal pattern, with one partner asking for more attention or affection, and the other resisting. It's the "common cold" of marriage.
- Another common pattern is over-functioning and under-functioning, which tend to reinforce each other. Can become a parent/child-like dynamic.
- Most common wife complaint about husbands: not a full partner (doesn't participate and connect enough). Most common husband complaint about wives: too critical and demanding. Of course, the complaints can go in the opposite direction.
- Personality differences and areas of incompatibility that become more annoying over time (they may have been okay or even "cute" at the beginning).

The problem is not the presence of these challenges, but the thoughtfulness, flexibility, and acceptance that couples bring to managing the challenges.

MARITAL FIRST RESPONDER CORE SKILLS

What do confidants do that is most helpful for confiders? Top five in our research:

6. Listened to me
7. Gave me emotional support
8. Gave me a helpful perspective
9. Helped me understand my own contributors to the problem
10. Helped me understand where my partner was coming from

LEVEL ONE: LEAP (Listen, Empathize, Affirm, offer Perspective)

5. LISTEN

- Let the person talk, don't interrupt or offer your perspective too soon
- Listen for feelings (mad, sad, scared, hurt, frustrated, worried, confused) and don't get caught up in the details of the story (who said what to who and when)
- Don't jump to conclusions, especially on "soft" problems; be aware that you are hearing one person's side, and only what that person is choosing to tell you.

6. EMPATHIZE

- Let the person know you care. "I'm sorry you're going through a hard time right now."
- Reflect back the person's feelings
 - "That must have really hurt." "What a confusing situation you're in right now."
- Empathize with the person's pain, not necessarily with their perspective. "What an awfully painful moment for you" as opposed to "I can see how hurt you were when your girlfriend put you down in front of your friend like that.")
- Nonverbals are key. Sometimes you can show empathy just with a look or touch, or a sound ("Ooh...")
- Listen for the "soft feelings" (sadness, fear, hurt, insecurity) underneath the "hard feelings" (anger, aggravation, frustration, blame). People often lead with the hard, protective feelings, but the softer, more vulnerable feelings are often a pathway towards understanding and healing.
- Avoid statements that appear empathetic but are really put downs of the partner.
 - "How insensitive!" OR "I can't believe she won't support you better."
- If the person is going on and on with a critique of the partner or details of what happened, gently steer back to the person in front of you by offering empathy. (You can't empathize with a harangue, only with a person.) "What a mess. I'm so sorry."

- Good empathy should help the person feel calmer rather than adding fuel to the bonfire. (An exception would be an abusive situation where the person is too calm in the face of danger.)

7. **AFFIRM**

- Affirm the strengths and capacity of the person
 - “I know you are a caring person.”
- Affirm the strengths and capacity of the partner and the relationship (when you have knowledge of those relationship strengths)
 - “She really seems to care about you.” OR “You two have weathered storms before.”
- Avoid being so positive that the person doesn’t feel heard (“I know you can work it out.”)

8. **PERSPECTIVE** (L.E.A. skills are for every conversation; perspective is for many but not all)

- Makes sure you’ve done L.E.A. first.
- Help the person understand that common problems are universal
 - “From what I understand, a lot of couples feel less energy for their relationship after a baby comes and takes so much of their time and attention.”
- Offer a perspective on what the spouse/partner might be feeling, if you know the person
 - “I’d bet that Jack is feeling badly about that big argument too.”
- Back up if the person rejects your perspective as not true or relevant to his/her situation. He or she may need time to think about it.
- Avoid lecturing and accepting as normal what should not be acceptable (especially the hard problems)
- Sometimes it can be useful to share your own experience. Criteria for good self-disclosure:
 - Brief, to the point, and return the focus to the other person
 - Share your perspective with humility:
 - “I don’t know if this fits your situation, but my wife and I have dealt with something that sounds similar when we were a new couple. Here’s something I learned.”
 - “I’ve thought a lot about this problem because I’ve faced it in my own life. Here’s where I came out on it..... I don’t pretend that this has to work for you, but it did help us.”
 - But be careful not to equate your experience (“I know just how you feel”); every couple is different
- Sometimes you may want to share what you’ve learned as a Marital First Responder (“I took a workshop on couples relationships and here’s something I learned....”)

MARITAL CONFLICT

- All couples have conflict, and some conflict is good. The key is how they handle it.
- Positive emotional connection is the best way to reduce conflict. Happy couples spend time together and have 5 positive exchanges for every one negative one.
- Escalation & withdrawal are typical ways of managing conflict, and they lead to unresolved problems.
- Four of the worst things couples do in verbal conflict are: criticism/blame (“It’s your fault”); defensiveness (“It’s not my fault”); contempt (“You’re an idiot”); and stonewalling (“I’m not talking to you”). Contempt is the most damaging.
- “Soft start ups” (as opposed to “harsh start ups”) are the best way to avoid unnecessary fights. These are calm ways to bring up a concern. Most conflicts start derailing within the first two exchanges.
- For most people, being heard and understood by their partner goes a long way towards resolving a conflict.
- Most ongoing marital problems (70% by some estimates) never get solved, but couples can learn to live more graciously with them. (Note: these are generally “soft” problems.)
- Interpretations matter: How people understand their partner’s actions affects how they feel and react, for example, whether they think their partner is deliberately provoking them versus doing something unintentionally or out of ignorance of its effects.
- Many marriages survive infidelity and come out better if they get help.
- There are two main kinds of intimate partner violence: “situational violence” that comes from escalating conflict and may involve both partners hitting, and “intimate terrorism,” which usually involves a man controlling, demeaning, and intimidating a woman, with or without physical violence. Both are dangerous, but the second one, though less common, is especially threatening to women.

DIVORCE

- The majority of divorces nowadays are for “soft” reasons. Top three reasons for divorcing parents in Hennepin County, Minnesota: growing apart, not able to talk together, and money problems.
- Usually one person is well ahead of the other partner in wanting and planning a divorce. Divorce is hardly ever a consensual decision, at least in the early stages.
- Most people go through a roller coaster of hope and despair about divorcing or saving their marriage, and many people hold hope even after the divorce process is underway.

LEVEL TWO: CAR (Challenging, Advising, Offering Resources)

For some situations, after you've done a good job with L.E.A.P. and the person seems open

Here are some common situations when CAR might be needed:

- When the confider is not doing something basic, like telling their spouse about their concern
- Same story over and over, the person is stuck
- When it's clear they need help and aren't seeking it
- Hard problems (abuse, affairs, addictions), especially when there is imminent threat
- When divorce is on the table

3. CHALLENGE

Examples of common challenges:

- Be clearer about what you feel and want ("He can't read your mind.")
- Look at your expectations ("With a little baby and no sleep, are you surprised that she's not that interested in sex?" Or "The original romance and intensity doesn't come back, but something different and better can take its place.")
- Think about the other person's side ("Every problem has two sides. I wonder what he would be saying if he was here now.")
- Look at your own part ("You know, it takes two to tango. Have you thought about what you might be contributing to the problem?")
- Maintain hope and keep working on a marriage ("The stakes are really high. I hope you're going to keep trying and not give up too soon.")
- Don't accept the inevitability of divorce the first time you hear about someone's intention. ("Sometimes when people say they want a divorce it's a desperate call for change. You have choices to make about what to do next.")
- Take more seriously problems that are really serious ("I'm worried that you are not taking his threats seriously enough.")

Ways to challenge

- With gentle questions
 - "Have you thought about whether he might be as worried as you are but not telling you?"

- With a question about whether you can challenge the person _
- “Can I say something challenging right now?”
- With I-statements
- “One of the things I’ve learned is that when I don’t speak up, I can’t expect him to know what I want.”
- With general comments about relationships
- “There are always too sides to a problem of communication. What do you think he is thinking and feeling?”
- With expressions of concern
- “I’m worried that you are in a deep hole and digging deeper right now.”
- “I’m worried for your safety right now.”
- With affirmation of the person’s autonomy: it’s their choice
- “This is just my view. You’re the one who gets to decide.”

4. ADVISE

- Use direct, specific advice infrequently. Too much of it turns people off.
- Use mainly when the other person is in turmoil and at risk of making poor decisions.
- When you hear “yes, but,” back up and use your L.E.A. skills some more.
- Examples of when direct advice might be helpful:
 - To end an affair and deal directly with the problems in a relationship
 - To seek help from a counselor
 - To have a safety plan
 - To get a lawyer when a desperate spouse is making financial or child custody threats
- Best to preface direct advice with an affirmation of concern and recognition that it’s the other person’s decision
 - “I’m really worried for you right now and I know it’s up to you what you decide what you’re going to do. I just hope you will give serious thought to what I want to say to you.”

MAINTAINING BOUNDARIES

10. Know your triggers from your own experience (for example, if you were cheated on).
11. Care without getting more negative or upset about the problem than the other person is (emergencies aside).
12. Resist getting drawn into a triangle when you have a relationship with the spouse/partner.
13. Be careful about offering your own assessment of the problem even when asked (for example, “I think this is a communication problem” or “He has a sexual hang-up.”)
14. Even when asked, be careful about direct, specific advice such as “Here’s what you should say to him when you home tonight.”
15. Pull back to supportive listening (L.E.A.) if the person brings up the problem over and over, and has not accepted your perspective, challenge, or advice. Keep a check on your impatience, and don’t make a recommendation that someone live with the problem or break up the relationship because you are tired of listening to their complaints.
16. Remind yourself of the limits of your ability to help when the other person is not ready to face the problems or has determined a course of action you think is unwise.

OFFERING RESOURCES

Timing is important; don't offer until you've used other skills and the person seems open to your input about next steps.

RECOMMENDING HELP

9. Open up the topic by asking if the person has sought help or is thinking about getting help. "Have you ever thought about talking to a pastor or counselor about this?"

10. Follow the person's lead in response to that question. If it's "yes," ask for who they've talked to or thought about talking to. If it's "I'm not sure," or "no," explore their thinking: "What are your thoughts about whether it might help to talk to someone about this?"

11. If you've had a good experience in couples counseling, a couples retreat, or other forms of help, you can share that experience.

12. If the person's distress is strong and enduring, then you can say that maybe it's time to considering some marriage counseling (or other form of help). ("I know counseling is not your thing, but this is a serious problem that doesn't seem to be getting any better. I'm worried for you two.")

13. If this is met with resistance, back up the first time. But bring it up again in the future if the person keeps confiding in you about the problem and your help does not seem to be doing much good. "You're using me a sounding board, and I'm willing to keep supporting you because I'm your friend and I care about you. But I keep getting this feeling that you'd be better off talking to someone with professional training too."

14. Distinguish between this person's reluctance to seek help versus his/her view of the spouse's reluctance. Sometimes people who are ambivalent hide behind their partner's reluctance to get help. ("I hear you that you think that he would not go with you to marriage counseling. What I'm not clear about whether you think it's a good idea yourself.

15. If the person seems open, you could say that you took a workshop that talked about different kinds of help for couples and individuals in relationships, and that you have a resource list you can share if the person is interested.

16. Perspective on types of help (see resource list)

- Generally, marriage/couples counseling is better than individual counseling for relationship problems.

- Individual therapists tend to see things from the perspective of their client and can sometimes inadvertently undermine relationships. Normally therapists should not become couples therapists for their long-term individual clients.
- Some therapists who see couples are not good at it; they are mainly individual therapists.
- Couples retreats can be good ways to jump start a flagging relationship and many programs offer follow up support groups.
- Some online resources are helpful for situations such as affairs and a sudden breakup.
- If there is a safety concern, the confider should start with an individual therapist or crisis line.
- If the confider wants to legal help, suggest someone trained in Collaborative Practice or mediation.

Appendix IV

MFR-AA EVALUATION MEASURES

Thanks for participating in the evaluation of the African American adaptation of the Marital First Responders (MFR-AA). We'd like to have you answer a number of questions before the workshop, and three months later. This will help us see what participants learn that is helpful to them and people they care about.

Confiding Behavior

1. In the past six months, how many people do you think have confided in you about a problem in their marriage or long term-committed relationship? Scale: 0-10+
2. [For those not zero) Thinking about the last conversation you had with someone who confided in you about a relationship problem:
 - a. How prepared did you feel to be helpful?
Likert: very unprepared, somewhat unprepared, neither prepared or unprepared, somewhat prepared, very prepared
 - b. How happy were you with how you responded?
Likert: very unhappy, somewhat unhappy, neither happy or unhappy, somewhat happy, to very happy
 - c. How helpful do you think you were
Very unhelpful, somewhat unhelpful, neither helpful nor unhelpful, somewhat helpful, very helpful

Confidence

To be asked at pre-test and two-week follow up

The Marital First Responders workshop teaches works to help participants develop greater confidence in their ability to be a confidant to others in distressed marriages or long-term relationships. Please rate your how your current level of confidence in each of the following areas when you are in a conversation about someone's relationship concerns.

You can move the dial from 1 (no confidence at all—I am at a loss) to 10 (completely confident—I'm great at it). Here's the dial.

1. How confident would you say you currently are that you can be helpful when someone close to you confides about a serious relationship problem?
2. How confident would you say you currently are that you can avoid saying the wrong thing when someone close to you confides about a serious relationship problem?
3. How confident would you say you are about knowing when a problem someone confides about is serious?

Skill Self-Assessment

The Marital First Responders workshop teaches a number of skills for supporting and helping friends and family members who confide in you about problems in their marriage or long term committed relationship. We'd like to know how you see your current level of skills. Please rate your skill in doing each of the following things when you are in a conversation about someone's relationship concerns.

You can move the dial from 1 (no skill at all—I am at a loss) to 10 (highly skilled—I'm great at it). Here's the dial.

1

10

1. Listening to a friend or family member talk about being emotionally hurt by their partner without taking sides in my own mind.
2. Listening about a problem without soon forming a conclusion in my own mind about who is right and wrong
3. Listening about a problem without jumping in too soon with my own ideas
4. Showing empathy for someone who is upset without taking their side
5. Listening for the person's underlying feelings and not getting caught up in the gory details of the story.
6. Letting the other person know I understand his or her feelings
7. Helping the person get beneath their anger to feelings of hurt or sadness
8. Steering the person back to their own feelings when they are only focusing on the spouse or partner's behavior.
9. Affirming the strengths of the person's relationship even when they are upset about the relationship.
10. Waiting until the person feels heard before offering my own perspective on their problem or situation
11. Sharing my own experiences without turning the conversation too much back to me.
12. Helping the person understand what is normal about the problem they bring up
13. Helping the person see when there is something risky or dangerous going on
14. Helping the person understand what their spouse/partner might be feeling about the situation
15. Challenging the person in a respectful way to look at their expectations of their spouse/partner or of the relationship
16. Challenging the person in a respectful way to look at their own contribution to the problem
17. Challenging the person in a respectful way to change their own behavior towards their spouse/partner
18. Knowing when to hold back from giving direct advice and when to offer it
19. Knowing how to give direct advice without coming on too strong
20. Knowing how to show concern without getting more upset than the person talking to me

21. Knowing how to avoid getting emotionally “triggered” myself when the problem me is something I’ve experienced
22. Knowing how to avoid taking sides in an ongoing conflict when I am close to both partners
23. Knowing how to keep from getting so caught up in someone’s problem so that I lose perspective
24. Being able to respectfully set limits when I am drained by someone who comes to me over and over with the same problem
25. Knowing about good resources in my community for couples in trouble
26. Being able to describe marriage counseling and other resources in a way that people who confide in me can understand
27. Being able to encourage a reluctant person to try counseling or other resources
28. My overall level of confidence when someone I know confides me about a couple relationship problem
29. Being able to talk with an African American person about their relationship in a sensitive and affirming way without imposing a Eurocentric lens.
30. Knowing about some of the unique challenges that affect the African American community, and African American relationships & families.

Identifying Skills

Here are vignettes about marital/long-term relationship problems African American people commonly bring to a friend or family member. We’ll ask what you think are the best responses by the confidant in each situation.

Mary Complains about Her Husband, Scott, Not Doing His Part

Over coffee one day, your friend Mary tells you she is sick of doing everything at home because her husband, Steve, is too focused on his work and hobbies. Steve has never done much around the house but at least used to handle the lawn; now he has hired a local teenager to mow the yard. Mary says that when she tells Steve how frustrated she is, he gets defensive and nothing changes.

Which of the following statements would be your best first response to Mary?

- 1) I’m so glad you told me this. Is there anything I can do to help you?
- 2) Have you told him how much this bothers you?
- 3) A lot of couples face this kind of problem. It’s very normal.
- 4) I’m sorry you’re feeling so frustrated about this right now. It can’t be easy. X

As Mary continues to share her frustration, you find yourself feeling more negative about her husband who seems to be lazy and uncaring. What would be the best thing to say to Mary at this point?

- 1) What do you think is going on with him?
- 2) Are you telling him what you expect?
- 3) It sounds like you are feeling alone and uncared for. X
- 4) Don’t you think it is fair to look at your part in this?

At some point in the conversation, Mary's anger goes down, she tears up, and says that she doesn't know what to do anymore to get Steve to pay attention to what Mary needs from him. After offering compassion for her pain, which of the following would be your best next response?

- 1) Offer a challenge, such as "Mary, you seem so negative about Steve these days that I wonder if he is pulling away from you."
- 2) Offer advice based on your experience, such as "You might try something my spouse and I did for a time. We sat down on Sunday to make a list of who was doing what for the week."
- 3) Offer perspective, such as "From what I've seen, a lot of couples go through what you and Steve are experiencing. My spouse and I have certainly had our struggles about who does what." X
- 4) Suggest they may need help, such as "I'm sorry to hear you feel so badly. Have you thought about getting some couples counseling?"

Mark Tells You He is Thinking of Divorce

Your brother Mark is supposed to marry his girlfriend of 20 years, but has not been talkative about the relationship. Today he confides that he is unhappy and thinking about breaking up. He says he gets nothing but criticism from his partner, they argue about how to parent their children, and Mark doesn't want physical affection from her. Mark says that he has found a female "friend" at work who really appreciates him. He is worried about the children if he leaves but he feels hopeless about the relationship. He asks you what he should do.

Your best first response should be:

- 1) Kindly but firmly tell him he is flirting with danger in his relationship with the woman
- 2) Share any experiences you have had that might help him get perspective on his situation
- 3) Listen and show empathy for his pain and confusion X
- 4) Tell him there is hope for his relationship.

Mark keeps asking you what you think he should do. Should he leave his relationship and start again as a single to try to find happiness? Or should he stay for the sake of the kids and be unhappy? Your best response at this point would be to:

- 1) Gently say that it's his life and his decision, and you'll support him either way.
- 2) Let him know that he can't change his feelings and that maybe he should be with someone else now.
- 3) Tell him that it's a terrible idea to get married just for the kids.
- 4) Let him know you care for him and acknowledge the bind he feels in, and say that there may be a way to change his marriage so that he doesn't have to leave in order to be happy. X

At some point in the conversation, you ask if Mark has told his girlfriend how troubled he is in the relationship. His response: “No, I haven’t. She would just get more angry and critical. I just keep my head down and try to get through each day.” He then gives more examples of how difficult she is. Your best response at this point would be to:

- 1) Back off: he heard what you said, now you just have to give him time to think.
- 2) Challenge him by saying that nothing can change if he is not open with his partner about his feelings X
- 3) Let him know you are proud of him for bringing this up, and ask if there is something you can do to help him.
- 4) Suggest he get counseling to figure out a direction

KNOWLEDGE QUESTIONS

1. Which of the following problems in an African American marriage are signs of serious difficulties? Check all that apply.

[Blank = correct answer: none are signs of serious trouble]

- a. A decline in romantic and sexual intensity over time
- b. Differences in sexual interest
- c. A decline in couple satisfaction after the birth of their first child.
- d. A pursuing/distancing pattern, with one partner asking for more attention or affection, and the other resisting
- e. Partners complaining that their spouse is too critical and demanding
- f. Partners complaining that their spouse is not a full partner and doesn’t connect enough
- g. Personality differences that drew them together but become annoying over time
- h. Extended family not being accepting of their relationship due to religious convictions

2. Check which of the following statements in each pair is true:

- a. By the time people talk to a divorce lawyer, they’re pretty well decided they want a divorce.
 - b. A lot of people are not sure about getting divorced even when they talk to a divorce lawyer. X
-
- a. Most couples come to a joint decision to ending a marriage/long-term relationship.
 - b. One person is almost always “out ahead” of the other in the decision to end a marriage/long-term relationship. X

3. Four of the worst things couples do in verbal conflict are: criticism/blame (“It’s your fault”); defensiveness “It’s not my fault”); contempt (“You’re an idiot”); and stonewalling (“I’m not talking to you”). Which is the most damaging?
- a. Criticism/blame
 - b. Defensiveness
 - c. Contempt X
 - d. Stonewalling
4. The following questions are true/false
- a. Conflict in marriage is generally a sign of longer term trouble. F
 - b. It’s best to avoid conflict if you don’t think it’s going to be constructive F
 - c. Most ongoing marriage problems never get resolved T
 - d. Not many marriages survive an affair, and those that do are not in good shape F
 - e. The majority of violent episodes in a marriage involve a man controlling and demeaning a woman. F
 - f. Many people hold hope for their marriage even after the divorce process is well underway T
 - g. When someone starts to talk about how they want an “open relationship”, it is generally a sign of significant problems in the marriage F

DEMOGRAPHICS

Age, gender, marital status, level of education, occupation—helping profession or not.

Six Months Post Test

Same as pretest, with addition of this one on the likelihood of offering help:

1. Question 3:

Thinking about before the Marital First Responder workshop and now, how likely are you to offer support to someone who confides in you about a marital or long term committed relationship problem?

Likert: Much less likely than before the workshop, somewhat less like than before the workshop, no change in likelihood, somewhat more likely, much more likely